

STATE OF MARYLAND  
DEPARTMENT OF HUMAN RESOURCES  
SOCIAL SERVICES ADMINISTRATION  
BID FORM

- (1) **AGENCY:** Office of Adult Services
- (2) **ADDRESS:** 311 W. Saratoga St., Room 259, Baltimore, MD 21201
- (3) **SERVICE OR ITEM REQUIRED:** The Maryland Department of Human Resources (DHR), Social Services Administration (SSA), Office of Adult Services (OAS) intends to award multiple Contracts to qualified vendors for the provision of In-Home Aide services (Personal Care, Chore Services, Respite Care, and Nursing Evaluation/Supervision services). In-Home Aide services are provided in the homes of persons who are eligible for DHR In-Home Aide Services and in the homes of individuals who have been determined to have functional disabilities as defined in COMAR 07.06.12.02 B (6) (i.e. cannot perform activities of daily living such as dressing, bathing, eating, toileting, transferring from bed to chair, etc. without assistance). Contracts awarded will be for a five-year period beginning on or about September 1, 2009 and will end on or about June 30, 2014.

Multiple awards will be made per jurisdiction until all funds for each jurisdiction are obligated. Bidders can propose to serve more than one jurisdiction, however a separate Bid must be submitted for each jurisdiction proposed to serve. Each Bid must be submitted in a sealed envelope and include on the envelope the Bidder's name and jurisdiction for service.

- (4) **SOLICITATION NO:** SSA/IHA-09-001-S
- (5) **SOLICITATION RELEASE DATE:** \_\_\_\_\_
- (6) **VENDOR RESPONDING:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**PHONE NO.:** \_\_\_\_\_ **FAX NO.:** \_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_ **FED. TAX I.D.** \_\_\_\_\_
- (7) **JURISDICTION TO BE SERVED:** \_\_\_\_\_
- (8) **Living Wage:** [ ] Tier 1 or [ ] Tier 2
- (9) **COMPOSITE WEIGHTED HOURLY RATE - \$** \_\_\_\_\_ **\***  
\*This figure is taken from Attachment A.2, Column IV - Row G and will be used as the basis for award.
- (10) **MINORITY VENDOR:** YES \_\_\_\_ NO \_\_\_\_  
**MDOT MBE Certification No.:** \_\_\_\_\_
- (11) **SMALL BUSINESS VENDOR:** YES \_\_\_\_ NO \_\_\_\_  
**DGS Small Business Reserve No.:** \_\_\_\_\_

\_\_\_\_\_  
Name and Title of Person Authorized to Bind Services & Bid

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date